PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN		
FOR			NUMBER FILED			NUMBER EXTRA		RATE	FEE	1	RATE	FEE	
BASIC FEE				.					380.00	OR		760.00	
TOTAL CLAIMS minus 20=				20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS / minus 3 =					* /			X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2									TOTAL		OR	TOTAL	658
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_	SMALLI	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM AF	AIMS AINING TER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus ***			=	Ī	X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF MU	ILTIPLE DEF	PENE	DENT CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Col	umn 1)		(C	Column 2)	(Column 3)	,	ADDIT. FEE		JO. 1	ADDIT. FEE	
AMENDMENT B	REMA AF		AIMS AINING TER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* /	0	Minus	**	20	= ~		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	* C		Minus	***		= /		X39=		OR	X78=	84.
	TINOTTRECE	i i i i i i) () () () () () () () () () (DEIGI OLDAINI			+130=		OR	+260=	:
								4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			umn 1)			Column 2)	(Column 3)	ı					
ENT C		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NTATIC	ON OF ML	ILTIPLE DEF	PEND	DENT CLAIM		┞	.100			.060	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THE "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

t does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 4/3/0554

Total Fee Calculation

Total Fee Calculation											
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total			
	Sm/Lg.				Sm. Entity	Lg. Eatity					
Basic Filing Fee	201/101	. 2				100	=				
Total Claims >20	203/103	<i>Y</i> -20 ==		x		_	**				
Independent Claims >3	202/102			X		78	=				
Mult. Dep Claim Present	204/104					130	=				
Surcharge	205/105						=				
English Translation	139	•						·			
TOTAL FEE CALCUL	ATION .							968			
Fees due upon filing the application:											
Total Filing Fees Du	e = \$_	96	<u>}</u>								
Less Filing Fees Sub	mitted -\$_										
BALANCE DUE	. = \$ _	962	3								
Office of Unitial Pater	nt Examination							•			
		_									

Figurë 7

FORM OIPE-RAM-01 (Rev. 12/97)